

Ministerie van Buitenlandse Zaken

Sexual and Reproductive Health and Rights

Organisation	Date	Reporting Period
Embassy of the Kingdom of the Netherlands, Sana'a (Yemen)	29 June 2015	2014

Activity		2014	Implemented by		Rio marker		Gender marker
Number	Name	Actual expenditure	Name Organisation	channel	mitigation/adaptation	significant/principal	significant/principal
24184	SAA NDHS	0	Ministry of Public Health and Population	Government	Not applicable	Not applicable	Significant
24161	DRHP 2008-2013	41,986	Dhamar Health Office	Government	Not applicable	Not applicable	Significant
18151	SAA MSIY RH Services	0	Marie Stopes International Yemen	NGO	Not applicable	Not applicable	Significant
25361	FP and RH in Yemen (MSIY-2)	1,675,81	Marie Stopes International Yemen	NGO	Not applicable	Not applicable	Significant
26489	Girls' education and adults' lieracy	1,160,972	Social Fund for Development	NGO	Not applicable	Not applicable	Significant

Activity		2014	Implemented by		Rio marker		Gender marker
Number	Name	Actual expenditure	Name Organisation	channel	mitigation/adaptation	significant/principal	significant/principal
24860	SAA EmONC Diploma Training	0	YAMAAN (diploma coursesMoPHP)	NGO	Not applicable	Not applicable	Significant
25654	Promoting Small Family Norms	186,398	SOUL for Development	NGO	Not applicable	Not applicable	Significant
25185	Our Health, Our Future	31,029	Equal Access	NGO	Not applicable	Not applicable	Significant
25487	Census 2014	0	UNFPA (Census)	Multilateral organization	Not applicable	Not applicable	Not applicable
25816	RHCS III	0	contraceptive roadmap (RHCS III)	Multilateral organization	Not applicable	Not applicable	Significant
25339	SAA Protecting Adolescents	500,000	Save the Children	NGO	Not applicable	Not applicable	Significant
26238	Increasing Youth's awareness	290,177	UNAIDS	Multilateral organization	Not applicable	Not applicable	Significant
26383	Prevention and treatment GBV	100,000	FCDF	NGO	Not applicable	Not applicable	Significant
26587	Formulation mission RH and gender program Dhamar and Hadhramout	78,785	consultant	Research institute and comp	Not applicable	Not applicable	Not applicable
27090	RHCS IV EmOC medicines	1,700,000	UNFPA	Multilateral organization	Not applicable	Not applicable	Significant
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Result Area 1	Young people are better informed and are thus able to make healthier choices regarding their sexuality					
Result Question 1a: To what extent are young people better informed? What evidence is there that they are making healthier choices regarding their sexuality?	Yemen has a very young population. About half of the population is below the age of 15 years. Within the educational system little or no attention is given to sexuality education. There is a strong separation in male and female society. The Yemeni society does not have an open environment to discuss sexuality. Data collection in Yemen is very weak; even MDG indicators are not always measured. There is limited data on topics like condom use. Yemen is one of the countries with low prevalence of HIV (0.2%) in the general population. 34% of the reported HIV cases are women. Heterosexual transmission accounts for the majority of the reported cases (83%).					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Percentage using condoms at last high-risk sex, by age group (MDG indicator 6.2)	18% (15-49 yrs)	not available	not available	In key pop: female sexworkers: 35%; M/M sex;: 20%	not available	UNGASS Country Progress report 2012; UNAIDS 2013 Regional Report MENA
Percentage of young people (15-24) with comprehensive correct knowledge of HIV/aids (MDG indicator 6.3)	5.6% (total) 4.9% (women) 6.3% (men)	not available	not available	19% of women (no data on men)	not available	UNGASS 2012; Yemen DHS 2013

Result Question 1b (1): With which results has your programme contributed to comprehensive sexuality education for young people in and outside of school? **Result Question 1.b (2):** With which results has your programme contributed to opportunities for young people to have their voice heard and stand up for their rights?	1.b (1) Marie Stopes hot-line experienced an increase in calls in 2013, with 20.910 callers (out of 31.435) below the age of 25. Update 2014: Marie Stopes received 54,248 calls, of which 37,631 were by youth. Family Counselling and Development Foundation (FCDF) received 9,373 calls, out of which 3,900 were for psycho-social counselling (2,851 female). SOUL conducted 1,731 educational sessions and reached a total number of 39,496 beneficiaries Equal Access reported in the post-intervention KAP survey a remarkable increased understanding of the importance of RH education for youth (from 63% baseline to 78% end-line). Other post-intervention survey results worth mentioning are: youth reported knowledge of STIs and how to avoid them increased from 78% to 92%; knowledge of HIV/AIDS and its methods of transmission increased from 88 to 93%; knowledge of available local RH services increased from 29 to 49%. 1.b. (2) The support for youth organisations are planned under the Rule of Law programme (as part of the transition process). This does not include SRHR issues.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number of calls to the Marie Stopes hotline	0	not available	14569 (total) 9357 (men) 5212 (women)	31,435 (total) 14,434 (men) 17,001 (women)	54,248 (37,631 youth)	MSIY report (2012; 2013)
Number of calls to FCDF	0				9,373	FCDF Report 2014

Assessment of results achieved by NL across the entire Result area 1	Young people are better informed and are thus able to make healthier choices regarding their sexuality
B. Results achieved as planned Reasons for results achieved:	Reasons for results: With the approved (and running) activities we achieved the results that we expected. All activities have commenced and are progressing as planned for 2013. In the year 2013 6 new activities in the area of SRHR have commenced. EKN makes a high contribution to informing people on sexuality, through various activities (Marie Stopes, Equal Access, SOUL, Safe the Children, Dhamar Reproductive Health Program). Update 2014: Despite the political unrest most running programs continued to produce good results (Marie Stopes International Yemen; Equal Access; SOUL; Family Counselling and Development Foundation); New programs under result area 1 started in 2014: FCDF; Girl's education and Adult's literacy in the framework of SRHR (social Fund for Development); increasing Youth's Awareness, Knowledge and Life Skills on Sexual Transmitted Diseases including HIV/aids and Reproductive Health (UNAIDS); only UNAIDS was slow in starting up.
Implications for planning:	Update 2014: Given the excellent results of the 1 year pilot of Equal Access intervention, there was the intention to start a 3 year new phase. Unfortunately, the new phase was stalled due to the political situation. Formulation mission for Dhamar and Hadhramout governorates for a Reproductive Health and gender program (maternal and neonatal health voucher program) has taken place in 2014. Due to the political situation the development of the voucher program was stalled.

Result Area 2	A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health					
Result Question 2a: To what extent do more people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health?	Use of contraceptives and other commodities are steadily on the increase (e.g. from 10% in 1997 to 29% (any modern method) in 2013). The access to ARVs is limited to just a small number of the eligible people (the two-years statistics show a stagnation at the level of 14%). A severe funding gap exists for procuring both the ARV medicines and contraceptives. 29% of HIV expenditure comes from domestic sources (UNAIDS 2013 Regional Report MENA). The Ministry of Health is fully dependent on donor funding for contraceptives. During 2013 the embassy contributed EUR 1 million to Reproductive Health Commodities. World Bank, KFW and EKN provided funding for the contraceptives for 2013 and 2014. The RH Commodity Security Group under leadership of the MoH has regular meetings to discuss stocks and needs. Update 2014: In 2014 the Netherlands Embassy made a commitment of EUR 3 million for the procurement of Emergency Obstetric Care drugs (for mothers and newborns), which will be distributed to all health facilities in Yemen where deliveries take place. These medicines will greatly enhance accessibility to SRHR commodities.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Indicator 1: Contraceptive Prevalence Rate - modern methods all women 15-49 (MDG indicator 5.3)	19.2% (2006)	40%	not available	29%	not available	MICS 2006 (baseline) MoPHP 2011 (objective); National Yemen DHS 2013
Indicator 2: Unmet need for family planning (per age group, where available and relevant)(MDG indicator 5.6)	not available	not available	not available	15-24: 29.2% 25-29: 29.9% 30-24: 28.6%	not available	DHS 1997 (baseline); MoPHP 2011 (objective); Nat. Yemen DHS 2013
Indicator 2 cont'd: Unmet need for family planning (per age group, where available and relevant)(MDG indicator 5.6)	not available	not available	not available	35-39: 31.6% 40-44: 25.8% 44-49: 22.5%	not availalble	DHS 1997 (baseline); MoPHP 2011 (objective); Nat. Yemen DHS 2013
Indicator 3: Proportion of population with advanced HIV infection (according to CD4) with access to antiretroviral drugs (MDG indicator 6.5)	not available	not available	not available	703/5249 = 13.4% (adults). 53/843= 15.9% (pediatric)	not available	UNGAS 2012; UNAIDS 2013 Regional Report MENA

Result Question 2b (1): With which results has your programme contributed to a greater choice in and sufficient availability of contraceptives/medicines? **Result Question 2b (2):** With which results has your programme contributed to addressing sociocultural barriers preventing women from using contraceptives?	2b (1): The programme has a strong focus on availability, accessibility and affordability of reproductive health commodities (contraceptives). An additional amount of EUR 1 million has been transferred to UNFPA for the procurement of RH commodities. Update 2014: The Netherlands Embassy committed EUR 3 million for the procurement of Emergency Obstetric care drugs (maternal and neonatal), of which Euro 1.700.000 was transferred in 2014. These drugs are expected to reduce maternal and neonatal deaths substantially. Contraceptives, procured in 2013 with Netherlands funding (EUR 1 million), have arrived in Yemen during the course of 2014. 2b (2): In 2012 Marie Stopes started outreach services on a structural basis in order to reach women who are not able to travel to a clinic. The Dhamar programme is already reaching out to the couples for a longer period of time. In the Yemeni society women are not allowed to travel without a male companion, restricting their ability to visit a SRH clinic. By bringing services to the people (together with a clear awareness message) this obstacle is partly addressed.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number of couples protected by various contraceptives (Couple Year Protection = CYP)	not available	not available	86,966 (MSI + Dhamar)	143,478 (MSIY + Dhamar)	107,949 (MSIY only)	MSIY reports (2012; 2013) DHO reports (2012; 2013)

Assessment of results achieved by NL across the entire Result area 2	A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health
A. Results achieved better than planned Reasons for results achieved:	Mary Stopes International, via its clinics, outreach and franchised midwives (Rayaheen) achieved already in 2013 with EKN support a CYP of 100.421, higher than planned. Dhamar Reproductive Health Programme achieved 43.057 CYP (also higher than planned). The additional support of EUR 1 million for the procurement of contraceptives will also contribute to better access, once they have arrived.
Implications for planning:	The coordination with other donors on Reproductive Health Commodity Security has improved. Further advocacy is required. As RH is broader than contraceptives, MoH discussed with EKN to consider funding for drugs for Emergency Obstetric Care. Update 2014: Forrmulation mission for Dhamar and Hadhramout governorates for a Reproductive Health and gender program (maternal and neonatal health voucher program) has taken place. Due to the politcal situation identification of suitable partners has not yet taken place.

Result Area 3	Public and private clinics provide better sexual and reproductive healthcare services, which more and more people are using
Result Question 3a: To what extent has the use of sexual and reproductive healthcare services in the public and private sector improved?	The National Health Strategy 2010-2015 states that 'many of the health facilities are lacking equipment, staff, and operational budget which reflects directly on the accessibility of health services. About 26% of the health facilities are without drugs, 24% are without equipment, 17% are without operational budget, and 7% are without health staff'. The private sector (for profit and not for profit) is expanding rapidly (providing about 60% of the services); however these services are not affordable nor always accessible to the majority of the population in rural areas (75% of the Yemeni population lives in rural areas). The private sector is not quite independent from the public sector (dual employment of staff), is not regulated and does hardly share performance statistics with the Ministry of Health. Coverage of services is realized in urban areas. There is a clear increase in performance statistics, although all indicators are far from satisfactory. Antenatal coverage has increased over the last 20 years (from 25,8% in 1992, 41,4% in 2003, to 47% in 2006, to 60% in 2013). The trend for the proportion of births attended by skilled health personnel is also positive (from 15.9% in 1992, to 26.8% in 2003 to 35.7% in 2006, to 45% in 2013). Update 2014: No 2014 data have become available. It is expected that the increasingly tense political situation in the second half of 2014 had a negative impact on antenatal attendance and perhaps even on supervised deliveries.

	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Source
Antenatal care coverage (at least one visit and at least four visits) (MDG indicator 5.5)	47% (2006)	70%	19%*	60%	not available	MICS (baseline) NRHS 2011 (objective) MoPHP data (2013) National DHS
Proportion of births attended by skilled health personnel (MDG indicator 5.2)	35,7% (2006)	60%	19%*	45%	not available	MICS (baseline) NRHS 2011 (objective) MoPHP data (2013)

Result Question 3b (1): With which results has your programme contributed to improved cooperation between public and private healthcare services? **Result Question 3.b (2):** With which results has sexual and reproductive health care including emergency obstetric care become more affordable and accessible?	3b.1 Marie Stopes International in Yemen works in close collaboration with the Ministry of Health to provide sexual and reproductive health services. Besides providing public SRH services, they also include public health staff in their training and they have developed a network of private operating franchised Community Midwives (who are responsible for delivering statistics to the public system). Update 2014: MSIY served through its clinics and franchised network of community midwives 565,318 clients 3b.2 With the transfer of EUR 1 million in 2013 to UNFPA (for the procurement of contraceptives) we have supported the Ministry of Health to provide free contraceptives in the public health institutions. Question 3b (3) : With which results has your programme contributed to improved obstetric care? Training of health providers in Manual Vacuum Aspiration has increased access to safe abortion. Yamaan has trained 76 health professionals at diploma level in Obstetrics/ Gynecology, Neonatal Care, Anesthesia, Operation

	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Source
Number of Emergency Obstetric Care Units (basic and comprehensive)	0 (2007)	53	53 (51 SFD 2 DHO)	Dhamar: 2 BEmOc+ 1 CEmOc	not available	SFD 2012 report DHO 2012 ; 2013 Report
Number of reproductive health clinics (providing family planning services)	249 (MSIY + Dhamar) (2007)	261	259 (+4 MSIY +2 DHO)	278 (Dhamar)	not available	MSIY (2012) DHO (2012; 2013)
Number of doctors, nurses and midwives per 1000 inhabitants	0,97 (2009)	not avaiable	not available	not available	not available	MoPHP 2009
Number of graduated general practitioners, nurses, theatre and anaesthesia technicians on Emergency Obstetric and Neonatal care	202 (2012)	500	0	278	354 (76 still under training)	Yamaan Report 2013; 2014

Assessment of results achieved by NL across the entire Result area 3	Public and private clinics provide better sexual and reproductive healthcare services, which more and more people are using
B. Results achieved as planned Reasons for results achieved:	Reasons for results: Despite the security situation, results are achieved as planned, mainly through working through (national) NGOs.
Implications for planning:	The diploma training programme in the country is funded for 50% by EKN. The EU and KFW have been approached to cover the funding gap. This has not resulted in a commitment. Options are still being explored by MoPH and EKN. Update 2014: The training is still under implementation; no additional funding has come forwards to train entire teams (like Yamaan does with Netherlands funding). UNICEF supported the training of 8 staff and UNFPA of 27 staff.

Result Area 4	Greater respect for the sexual and reproductive rights of people to whom these rights are denied					
Result Question 4a: To what extent have the conditions for women, young people, sexual minorities, sex workers and intravenous drug users improved with regards to their sexual and reproductive rights?	Child marriage is a common practice in Yemen (in both rural and urban areas). Girls may be married as early as 12 or 13 (14% of all girls marry before the age of 15 and 52% before the age of 18). Conservative forces in parliament have stopped legislation regarding the early marriage law. The National Dialogue Conference has recommended the minimum age of marriage for both sexes at 18 years and recommends punishment in case of violation of this rule for girls. There is a draft 'child rights law' with this age included. The NDC also recommended to criminalize FGM, sexual harassment and trafficking of women. Marital rape is quite common in Yemen, however not legally recognized as a crime. The DHS 2013 indicates high variance in the prevalence of FGM: in a number of governorates still as high as 79.9 % (Hadhramout) and 84.7 % (Al-Mhrah), while in other governerates the practice is almost absent, e.g. 0% in Al-Baidha, 0.3 % in Al-Mahweit. . Under Islamic law, the performance of an abortion is illegal except when carried out to save the life of the pregnant woman. Homosexuality is forbidden by law. A recent UNAIDS study however proves that the HIV mode of transmission through men-who-have-sex-with-men is on the increase (from 7% of the total transmission in 2009 to 9% in 2011). 87% of respondents in the post-intervention survey of Equal Access stated that they were against forced marriage (against 72% at baseline); the repudiation of early marriage increased from 82% (at baseline) to 88% at end line.					
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Percentage of women married before age 18	52% (2006)	0%	not available	52%	not available	MICS 2006
Percentage of female genital mutilation	23% (2005)		not available	18.5%	not available	UNICEF (baseline) DHS 2013

Result Question 4b (1): With which results has your programme contributed to the identification of or changes in legal and policy barriers for the sexual and reproductive health of women, young (unmarried) people, sexual minorities, intravenous drug users and sex workers? **Result Question 4b (2):** With which results has your programme contributed to improving the access of these specific groups to sexual and reproductive health services and commodities?						
	Baseline	**Target 2017**	**Result 2012**	**Result 2013**	**Result 2014**	**Source**
Number of health professionals trained on Manual Vacuum Aspiration (MVA)	0 (2010)	not available	85	70 (Dhamar)	252	MSIY (2012; 2014) DHO 2013
Number of MVA procedures performed by trained health staff	0 (2010)	not available	6895 185	5217 (MSIY)	7,095	MSIY (2012; 2013) DHO (2012)

Assessment of results achieved by NL across the entire Result area 4	Greater respect for the sexual and reproductive rights of people to whom these rights are denied
B. Results achieved as planned Reasons for results achieved:	Reasons for results: We are very pleased with the attention on MVA and the results achieved. Continue lobbying for passing of child rights law (including minimum age of marriage and other childrights. Currently, EKN supports 4 NGOs (one in RoL) to work on this issue.
Implications for planning:	EKN has to support initiatives that work on the outcomes of the NDC, like minimum age of marriage, discourage FGM and trafficking of women.

bis@minbuza.nl